**TRAUMA SERVICES/SURGERY- (Dr. Alex Mihailovic)**

**VIHA**

Of 11 TTLs: 2 Trauma surgeons, 1 anesthesiologist and 8 ERPS.

Coordinate other services such as ortho/neurosx, plastics , addictions and general surgery

**TRAUMA CLINIC** -every second Wednesday at VGH (behind the Ortho clinic)

-referral made on island health website or be emailing our Trauma Nurse Lead Jolene Milkowski at Jolene.milkowski@islandhealth.ca

**TBI**

BRIAN INJURY PROGRAM-BIP (referral made through Home/community nursing

PARACHUTE website: (great resrouce for TBI/concussion)

<https://parachute.ca/en/injury-topic/concussion/>

<https://parachute.ca/wp-content/uploads/2019/06/Concussion-Guide-for-Physicians.pdf>

<https://concussionsontario.org/sites/default/files/2024-07/Post%20Concussion%20Symptom%20Scale.pdf>

<https://concussionsontario.org/concussion/guideline-section/return-to-activity_work_school_considerations>

**THORACIC TRAUMA**

-Thoracotomy/Sternotomy/Chest tube- (Clam Shell vs Later Thoracotomy)

-Rib fractures- now treated with either epidural or CryoNB (a procedure used to temporarily block nerve conduction along peripheral nerve pathways via freezing targeted nerves, allows for the complete regeneration of the internal structure and function of the affected nerve. primary affects nociceptive somatic pain by interrupting the conduction pathway along the peripheral intercostal nerve.

-Pain referrals either to Pain Clinic (Dr. Kyle Fisher) or for Cryo (Dr. Paul Winston (physiatry)

**ABDOMINAL TRAUMA -**Laparotomy vs IR vs Laparoscopy (IR-doesn’t evacuate hematoma-infection/ileus)

**SPLEEN-Overwhelming post splenectomy infection (OPSI) prophylaxis**

-Patients should receive immunization against the encapsulated bacteria (*S. pneumoniae, H. influenzae, and N. meningitidis*) post-splenectomy or post-proximal angioembolization. Refer to [national guidelines](https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci.html) for vaccine dosage. [Adopted from WSES with modification]

-Revaccination against pneumococcus is recommended every 10 years.

-Vaccination should be administered >14 days post-splenectomy/embolization. For patients where follow-up is a concern, vaccination prior to discharge is recommended. [Adopted from EAST and WSES]

-Regarding infection prophylaxis in asplenic and hyposplenic adult patients:

-immunization against seasonal flu is recommended.

-malaria prophylaxis is strongly recommended for travellers.

-antibiotic therapy should be strongly considered in the event of any sudden onset of unexplained fever, malaise, chills or other constitutional symptoms, especially when medical review is not readily accessible

Post hospital care

-Post-discharge outpatient follow-up with imaging is recommended within 12 weeks. Patients with Grade 1-2 injuries should avoid contact sports or vigorous activities for at least 8 weeks. Grade 3-5 splenic injuries should be re-imaged at 8 weeks if the patient plans to resume high risk activities to rule out pseudoaneurysm, subcapsular hematoma, etc. Abdominal CT can be used for follow-up imaging and may allow for earlier return to sports activities. [Adapted from WSES]

-if a new pseudoaneurysm is noted on follow-up imaging, discussion with general surgery is recommended to determine best management, e.g. serial imaging vs. embolization. (Refer to trauma clinic)

**ICU**

-250,000 admissions to ICU a year in Canada roughly. 74% survive to hospital discharge but if in the ICU more than 21 days, only 10% discharge home

Post ICU Syndrome (PICS) new or worsening physical, cognitive and mental health issues that persist after a persons stay in the ICU. Symptoms include muscle weakness, chronic fatigue, difficulty with memory/focus, anxiety/depression and PTSD

Related to Sedatives, ventilators, delirium. Dementia, muscle/nerve disease

30% improve to normal, 30% never improve, 30% decline further

Critical illness myopathy (CIM) and critical illness polyneuropathy (CIP) CIM involves a primary problem with the muscles, leading to loss of muscle proteins, while CIP is a nerve disorder causing nerve fiber damage. Both conditions increase the risk of long-term disability and mortality for survivors of critical illness. many patients can recover within one to two years with intensive rehabilitation. However, some may experience long-term disability and reduced quality of life.

**ADVANCED CARE PLANNING!!!!**

<https://decisionaid.ohri.ca/docs/das/Critically_Ill_Decision_Support.pdf>

(Decision aid for understanding the options and planning for patients in the ICU for families)